



Dixboro Veterinary Dental

Dr. Ben H. Colmery

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Referral Form

Date: _____

Client _____ Phone Number _____

Pet _____ Canine _____ Feline _____ Breed _____

Age _____ Male _____ Female _____ Spayed/Neutered Y _____ N _____ Wt _____

Reason for referral _____

Previous Bloodwork? Radiographs? Biopsy? (If possible please perform CBC and Chemistry prior to referral and send lab results with client) _____

Previous Treatments/Procedures for condition? _____

Referring Veterinarian:

Name _____ Hospital Name _____

Address _____ Phone number _____

_____ Fax number _____

_____ Email _____